

NH Interagency Coordinating Council

Meeting Notes

August 18, 2017

Call to Order: Michelle Lewis called the meeting to order.

Attendance and Introductions: Diane Bolduc, Alex Bowen, Jess Bowen, Liz Collins, Gloria Fulmer, Michelle Lewis, Ruth Littlefield, Robin Perry, Lenore Sciuto, Kelly White. Staff: Kathy Gray, Kerry Wiley.

Housekeeping: Liz and Robin have not yet received their appointments from the Governor. Should they be voting? Do we have a quorum today without them? Old By-Laws say that for a vote to be valid it needs a simple majority of those present. However, to amend the bylaws we need at least 2/3 of the members present. We have only 5 out of 10, thus we will hold off on the bylaws vote.

Meeting Notes: Moved, seconded, and approved with all in favor to approve the minutes from the June 2017 ICC meeting.

SSIP: Cultural Competency: Members had been asked to look at each of the data collection tools (A through E) to provide feedback as to whether the data being collected is, indeed, measuring what BDS said would be measured. Michelle asked a "big question" of how change in practice would be measured.

Tool A measures increased self-measure of knowledge immediately after training. The data is then averaged. This ties to page 31 short-term outcome "d" of SSIP Improvement Strategy Implementation. There is not yet a tool for long-term measurement of this goal. The current tool can be used to answer the actual question in "d" but needs to calculate the data by individual. Another question raised was whether the method of measuring goal success is sufficiently discrete. Also, Michelle wondered whether any of the data provided by this tool would address the "big question". (Note: there is another tool that actually addresses practice).

Tool B only measures the effectiveness of the presentation and training itself. In part, it relates to short-term "b" on page 31.

Tool C measures the effectiveness of the trainers (short-term "b" from page 31). There is confusion between two terms - facilitators and trainers. This needs to be clarified and might help for better understanding in the field. This tool is currently being used by each facilitator to improve their own work. It is completed by the program after. (Note: need to update on page 31 Intermediate "a" needs clarification about what decisions and what data, also need to clarify with "at least 50%".) If / when assessment of families' experience is being measured, language needs to be consistent with the language used in the field. (ex. "Did you receive the blue booklet?" rather than "Did you receive your rights?" We will look at the Family Outcome Survey itself, as well as the data, to assess what is happening in that arena.

Tool D is a DRAFT for how to measure change in practice. There are no existing tools for measuring this so BDS staff need to create their own. The need is to determine if people are doing things differently after training. It may be difficult to obtain accuracy since we didn't ask the "before" questions "before". Also, since the facilitated discussion / training of providers addresses awareness and knowledge, we have not identified any practices to be implemented. Therefore, how do we measure improved practices? It is also a consideration that, even if we are not culturally competent, families (and children) can still improve.

Part B Update - Ruth presented. They are waiting for approval of their State Personnel Development Grant. Part of this plan is to tie their SSIP to higher to provide the supports for children. Ruth attended the OSEP conference. They have not yet had a call about their SSIP but the federal partners will be coming to NH later this month. Of particular concern is secondary transition (after high school) as it is consistently low. Feds are excited about their branding (I Social) and about their SSIP as being comprehensive. They also want to look at the connection between Part B and Part C. There has been a lot of good information presented on coaching. Part B coaches need to understand the TPOT even if they are not using it. They are developing a calendar of all of their trainings and looking

for more ways to train coaches. Effort is going to developing system wide, birth to 5 workgroups.

Part C Update:

Legislative Budget increase: There has been a \$2.2 million increase in Medicaid money for the FCESS programs. It includes a requirement that all direct service providers must receive a 5% increase in wages and benefits. The workgroup addressing that the legislation intent is met includes program directors, business managers, and state staff. Once the 5% increase is met, the expectation will be that the money is used to shore up the infrastructure and improve the capacity to provide appropriate level of services to all children. In reality, over the last several years, the field has been given an additional \$1 million each year. That will not be happening going forward. The question was raised whether that means we will not be able to increase billing for Medicaid. Liz explained the way budget is allocated and that it only includes any child who receives at least one service - but not those who receive intake and evaluation, or service coordination without services. Going forward BDS is hoping to try to address this with a revision in the funding calculation. The \$2.2 million is there for two years and is in the regular budget. Part of the workgroup's task is to come up with metrics for how the additional money made a difference. The \$2.2 million would not have occurred without the coordinated joint public / private partnership. It is also not as much as was requested (\$2.6 million). Also, there is no extra \$200,000 as anticipated in Pt C federal funding.

Vision and Hearing - Report was corrected, printed, and distributed.

Leadership and Education Neurodevelopmental Disorders (LEND) intern - created a map for how to navigate your way for families of children who are deaf and hard of hearing. The maps will be mailed to the hearing coordinators. While it would be beneficial to have a parallel document for blind and visually impaired children, there is no plan in place for creating it and there is not the same clarity of path. Liz suggested that Kerry share this map with her partners working in vision services to see if they want to adapt it.

Public Report - Kathy sent it out for review and it has been sent to be posted on the web. The updated Directory will also be on the web.

OSEP Visit - is upcoming at the end of this month. For Part C, they want to focus on the SSIP for half a day. Feedback from ICC and other stakeholders will be shared (and is appreciated). The other half of the day will be about changes in data collection for the Annual Performance Report. The Child Outcome Survey (COS) is one part of this, so it is helpful that we are already looking at it. One change is that we will be collecting data on all children, regardless of length of time in service.

Medicaid State Plan - has been approved for language but we need a signed copy before distribution.

Retreat Planning - Kerry and Kathy are trying to simplify the overwhelming amount of data but still get the deep level of feedback. They will have the raw numbers and also graphs, focused on the **cultural competency** piece possibly starting to compare it to COS and possibly looking at the program level. We will also consider whether we need to look at the **impact of self-reporting**. Also, they have developed family outcome survey data and the actual survey. Items to include on the Agenda are:

- **By-laws vote.**
- **Report on and follow-up to the OSEP visit.**
- **Update on \$2.2 million - plans for incorporating it into the spending.**
- **Medicaid State Plan Update.**

- Anticipating opening the Rules (access to insurance, other.) knowing the process.

Action Items - review indicator 4 (family outcome survey data)

Meeting Adjourned: It was moved, seconded, and approved to adjourn at approximately 12:45 pm.

Next Meeting: November 3, 2017 9:30 am to 3:00 pm at the Audubon Center

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Respectfully Submitted,

Diane Bolduc, M.Ed., LCMHC

Secretary, ICC